

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/25/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155379		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 05/12/2011	
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF ROCHESTER				STREET ADDRESS, CITY, STATE, ZIP CODE 827 WEST 13TH STREET ROCHESTER, IN46975			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 05/12/11</p> <p>Facility Number: 000325 Provider Number: 155379 AIM Number: 100274300</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Life Care Center of Rochester was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 141 and had a census of 96 at the time of this survey.</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0144 SS=F	<p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 05/18/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on observation, record review and interview; the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas</p>			K0144	<p>On May 16, 2011, our generator maintenance vendor installed a remote emergency stop switch at the central nurse's station for the emergency generator.</p> <p>All residents have the potential to be affected.</p> <p>The emergency stop switch was tested and verified for proper function during installation and will be inspected routinely during semi-annual emergency generator inspections</p> <p>The Maintenance Director will review preventative maintenance progress monthly at the QA committee for further review and recommendation. Plan to be updated as indicated.</p>		05/16/2011

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	<p>Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for the shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of Generator Maintenance records on 05/12/11 at 1:30 p.m. with the Maintenance Supervisor, there was no documentation available which indicated the amount of horsepower the generator produced. Based on observation of generator equipment on 03/17/11 at 3:15 p.m. with the Maintenance Supervisor, no evidence of a remote shut off device was found for the generator, furthermore, the Maintenance Supervisor indicated he was not sure if the generator was 100 horsepower or more, and there was no information on the generator to indicate what the horsepower was. Based on interview on 05/12/11 at 1:35 p.m., the Maintenance Supervisor indicated he was not aware of a remote shut off device for the generator, and the Maintenance Supervisor acknowledged the generator was installed after 2003.</p> <p>3.1-19(b)</p>						

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